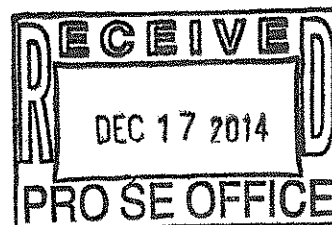


UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKKenneth Jerome Cobb

(In the space above enter the full name(s) of the plaintiff(s).)

## COMPLAINT

-against-

Ms. Tiffany Martinez  
Samaritan Village  
Men's Shelter: employee.Jury Trial: ☐ Yes ☒ No  
(check one)Defendant's Employers:  
Samaritan Village Head-  
quarters, [illegible]  
[illegible]

Employers are partly at fault for Ms. Martinez  
(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

unprofessional conduct that could have cost me my life in violation of my rights as a human and United States Citizen.

## I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Kenneth Jerome Cobb.  
Street Address 20 West 115th Street, APT #10-A  
County, City Manhattan, New York  
State & Zip Code New York, 10026  
Telephone Number 646-612-3750

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Ms. Tiffany Martinez  
Street Address 988, Myrtle Ave.

County, City Kings, New York City  
 State & Zip Code New York, 11206  
 Telephone Number 718 - 919-1381

Defendant No. 2

Name Samaritan Village Men's Shelter,  
 Street Address 138-02, Queens Blvd: Headquarters  
 County, City Queens County, 11435.  
 State & Zip Code New York, 11435.  
 Telephone Number 718-206-2000.

Defendant No. 3

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

Defendant No. 4

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

**II. Basis for Jurisdiction:**

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue?

I, Kenneth Jerome COBB,  
am absolutely certain that I was  
prisoned by defendant cited in this  
law suit.

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship \_\_\_\_\_

Defendant(s) state(s) of citizenship \_\_\_\_\_

**III. Statement of Claim:**

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. Where did the events giving rise to your claim(s) occur? Samaritan Village Men's Shelter, 988, Myrtle Ave. BK'lyn, N.Y. 11206.
- B. What date and approximate time did the events giving rise to your claim(s) occur? At approximately 6:30, P.M. on August-8<sup>th</sup> 2014. 4 to 12, Shift.

C. Facts: It is a fact that I on August-8<sup>th</sup> - 2014, at approximately 6:30, ~~AM~~ while I was sitting in Samaritan Village Men's Shelter access area which is a location in this facility where clients await to be placed in a bed of shelter, in a dormitory; while in access area clients are brought a tray of food and usually a cup of juice. On same 4 to 12 shift at approximately 6:30, P.M. I was given a tray of food brought to me by shift supervisor Ms. Tiffany Martinez. After I consumed tray of food which consisted of baked chicken and rice, and orange juice in a plastic cup, a few hours later I became extremely ill; I vomited at least 7, times, once in my pillow case. The other times within minutes I struggled

#### IV. Injuries:

3, additional pages attached

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

As a result of being evidently poisoned I for approximately 2 days felt extremely ill. I was forced as a result of severe head, chest pains, struggling to walk, vomiting, diarrhea, died on the 10<sup>th</sup> day of August - 2014 at 10:30 A.M. I went to Woodhull Hospital, located in Brooklyn, N.Y. two blocks from shelter. I clearly explained to emergency room personnel just what I experienced after consuming food at shelter. Urine I provided in a cup by P.A. refused to draw blood. Hospital file enclosed.

**V. Relief:**

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

As a result of the intense pain and suffering I experienced I believe I should be compensated Five Millions Dollars, for my life was in jeopardy something that can be proven. end.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 16 day of December 20 14

Signature of Plaintiff

Kenneth Cobb

Mailing Address

20, West 115<sup>th</sup> Street  
APT # 10-A  
Manhattan, N.Y. 10026.

Telephone Number

646-612-3750

Fax Number (if you have one)

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

**For Prisoners:**

I declare under penalty of perjury that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Inmate Number



1 of 3

to get to the restroom experiencing a bad case of diarrhea each time I struggled to bathroom located on the 4<sup>th</sup> floor of this shelter, which is the same floor my bed was located on.

I also experienced severe headaches, and stumbled nearly every step in my attempts to reach restroom.

My chest was hurting, I was sweating heavily, feeling totally different from usual; yes I seriously felt as if I was about to die.

Understand I've been eating chicken and rice at same shelter several times prior to August - 8<sup>th</sup> - 2014, a meal which is always accompanied by juice and on rare occasion water, and I never experienced such intense pains.

I was forced to stay in bed of shelter for nearly 2 days; video surveillance can prove, be my witness to the state I was in.

i.e. existing dormitory trying to make it to the restroom on same 4<sup>th</sup> floor; yes still ill.

On Sunday August - 10<sup>th</sup> 2014, at approximately 10:30, A.M. I did walk two blocks to Woodhull hospital, informing emergency personnel of what had transpired after I consumed food and juice on 8-8-2014 during dinner time at Transition Village Shelter.



P-2

While I was at Woodhull hospital I was asked to provide a cup of urine which I did - immediately; But physician assistance name Mr. Jean Baptiste Richard was extremely reluctant to draw my blood to see just what I was poisoned with. Your honor I kept asking, but to no avail. I being frustrated decided to leave. Enclosed is document from Woodhull hospital, proving I was there on August - 10<sup>th</sup> 2014, at approximately 10:30 A.M. Sir / Madam I was definitely poisoned by Samaritan Village Men's Shelter Supervisor Ms. Tiffany Martinez. The individual who personally served me a tray of food and a cup of orange juice on August - 8<sup>th</sup> - 2014, 6:30 P.M. 4 to 12, shift. Again video surveillance can prove all the is written in this suit.

Enclosed is also a copy of a police report I was forced to file at the 79<sup>th</sup> precinct located at 263 Tompkins Ave, BK'lyn, N.Y. 11216, for Harassment Against Shelter Staff. I currently have in my possession written complaint I filed with New York City's Homeless Agency: ~~Department~~ Dept of Homeless-Services located at 33, Beaver St. N.Y. N.Y. 10004. This complaint is what motivated defendants



P-3

unprofessional crime |  
yes she thought that she could get  
away with it. It is attempted murder.

Open for elaboration. end.

ex: 12-16-14. Kenneth Cobb

Kenneth Cobb



PD 301-164 (Rev. 08-

Date: 05/24/14

Welcome to 079 PCH 268 Tompkins Ave Bklyn. N.Y. 11218 (Telephone No.)

(Command)	(Address)
We hope that your business with us was handled satisfactorily. Your particular matter has been assigned the following number(s):	

Complaint Report No.: \_\_\_\_\_ Accident Report No.: \_\_\_\_\_ Aided Report No.: \_\_\_\_\_

Reported to: P.O. show 27983 Date of Occurrence: 05/24/77 Time: 1830  
(Rank) (Name) (Shield No.)

Location of Occurrence: I/s/o 900 Myrtle Ave

Crime: Assault

Please keep this report should you have to refer to this matter in the future. If you need any further assistance feel free to contact us at telephone number (716) 676-6631. Please let us know if you have any suggestions on how we can better serve you. As you may already know, we will provide you with a crime prevention survey of your residence or business. Please ask for more information on this and other crime prevention initiatives. Our goal is to make you and your property safe.

**COURTESY — PROFESSIONALISM — RESPECT**

**REMEMBER: CALL "911" FOR EMERGENCIES ONLY!!!!**



Wed, 20 Aug 14 1507

Page 1 of 2

Woodhull Medical and Mental Health CenterWoodhull Medical and Mental Health Cent  
Chart Review Print

Location	Patient Name	Patient Number	Visit Number	Age	Sex
DIS-201/Bd 5	Cobb, Kenneth J	532853	532853-85	54Y	M

Attending Physician  
Hill, Adam Douglas

-----

Sun, 10 Aug 1142 ED Disposition Note Status: complete

ED Attending : Adam Douglas Hill, MD

Provider : Jean-Baptiste Richard, PA

Patient Complaint : abdominal pain with vomiting and diarrhea x  
yesterday

ESI : 3

Disposition : Walked Out During Evaluation

Disposition Date/Time : Sun, 10 Aug 2014 1142

Diagnosis : Abdominal pain, other specified site;  
multiple sites

Procedures : (99285) Emergency dept visit

Condition : Stable

Allergies Med : No Known Allergies

Allergies Other : No Known Allergens

Recall Required? : yes

Recall Reason : follow up

Jean-Baptiste Richard, PA  
(10 Aug 11 1142)